

**BLS Certification Test Committee
Marriott West-Richmond, Virginia
November 28, 2007
10:30 am**

Members Present:	Members Absent:	Staff:	Others:
Jeffrey Reynolds Mel Losick Kathy Eubank Tom Olander Steve Wade Debbie Akers Diane Hutchison	Dreama Chandler Helen Nelson PJ Fleenor-Excused	Greg Neiman Thomas Nevetral Chad Blosser	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at 1050	
II. Introductions	No introductions were necessary	
III. Approve Minutes of Previous meeting	The Committee reviewed the minutes from the September 19 th , 2007 meeting (Attachment A)	Motion By: Mel Losick To approve the minutes as presented. Second By: Steve Wade Vote: Unanimously Approved
IV. Review of Proposed Check Sheets	The committee reviewed the skill sheets that had been completed by the members. (Attachment B)	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
V. Other Items	There were no other items	
VI. Assignments for next meeting	Committee members should complete and submit outstanding work to Greg Neiman electronically by January 15 th , 2008. Greg will send the electronic copy of the BLS Practical Examination Manual to the committee and they should edit with track changes and submit back to him electronically by January 30 th .	
VII. Establish Next Meeting Date	February 6, 2008 10:30am Location TBA	
VIII. Adjournment	The Meeting was adjourned at 1430	

BLS Certification Test Committee
November 28, 2007, 10:30 am
Location: Marriott West - Richmond
Agenda

- I. Welcome
- II. Introductions
- III. Approval of Minutes from 9/19/07
- IV. Review of Proposed Check Sheets
- V. Other Items
- VI. Assignments for next meeting
- VII. Establish next meeting date/Combined Meeting with Evaluator Committee?
- VIII. Adjourn

Attachment: A

September 19, 2007 Minutes of the BLS Certification Test Committee

**BLS Certification Test Committee
Homewood Suites - Richmond, Virginia
September 19, 2007
10:30 am**

Members Present:	Members Absent:	Staff:	Others:
Jeff Reynolds-Chair PJ Fleenor Diane Hutchison Tm Olander Steve Wade Debbie Akers Mel Losick	Kathy Eubank Dreama Chandler Helen Nelson	Greg Neiman	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
I. Welcome	The meeting was called to order at 10:50 am.	
II. Introductions	Members of the Committee and Guests introduced themselves.	
III. Approval of Minutes	The minutes from the May 15, 2007 Committee Meeting were reviewed. (Attachment A)	Motion by: Mel Losick To accept the minutes as presented Second By: Diane Hutchison Vote: Unanimously Approved
IV. Discussion of Random Skills	Discussion	Motion by: Debbie Akers To adopt the Random skills set as listed. (Attachment B) Seconded By: Tom Olander Vote: Unanimously Passed
V. Review NREMT Sheets	Reviewed	
VI. Other Items	None	
VII. Assignments for next meeting	Committee Members will prepare an example of the check sheet for the following skills. Reference documents include the NREMT sheets and the Skill Teaching Sheets. The check sheets will be made to the template supplied by Jeffrey Reynolds and may or may not include a point count, but should include critical criteria. Traction Splinting-Debbie Akers	

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
	Extremity Splinting-Diane Hutchison Airway/Ventilation-Tom Olander Longboard-PJ Fleenor KED-Steve Wade Bleeding & Wounds-Jeffrey Reynolds Med Administration-Mel Losick Medical Assessment-Jeffrey Reynolds Trauma Assessment-Jeffrey Reynolds Jeffrey Reynolds will send template by 9/28/07 Completed assignments due to Greg Neiman by November 15, 2007	
VIII.	Next Meeting 11/28/07 10:30am	
IX. Adjourn	Meeting was adjourned at 2:20 pm	

BLS Certification Test Committee
September 19, 2007, 10:30 am
Agenda

- I. Welcome
- II. Introductions
- III. Approval of Minutes from 5/15/07
- IV. Discussion of Random Skills
- V. Review NREMT Sheets
- VI. Other Items
- VII. Assignments for next meeting
- VIII. Establish next meeting date/Combined Meeting with Evaluator Committee?
- IX. Adjourn

Attachment: B

Proposed Skills Check Sheets for Review

TRACTION SPLINTING

CANDIDATE NAME: _____

DATE: _____

EVALUATOR NAME: _____

TIME: _____ / **10:00**

SIGNATURE: _____

	POSSIBLE	AWARDED
Candidate directs assistant to apply manual inline stabilization of injured extremity	1	
Candidate assesses motor, sensory and circulatory function of the injured extremity	1	
Examiner states "intact and normal"		
Candidate measures splint to the appropriate length to assure adequate traction	1	
Candidate positions splint correctly	1	
Candidate applies the distal securing strap (e.g., ankle hitch)	1	
Candidate takes manual inline stabilization of injured extremity from assistant	1	
Candidate directs assistant to apply manual traction	1	
Candidate applies the proximal securing strap (e.g., ischial strap)	1	
Candidate applies mechanical traction	1	
Candidate positions/secures support straps	1	
Candidate re-evaluates the proximal and distal straps	1	
Manual traction released	1	
Candidate re-evaluates motor, sensory and circulatory function of the injured extremity	1	
Examiner states "intact and normal"		
Examiner asks candidate how they would prepare patient for transport		
Candidate verbalizes securing the torso to a long board to immobilize the hip	1	
Candidate verbalizes securing the splint to a long board to prevent movement of the splint	1	
TOTAL	15	

- _____ **Failure to maintain manual stabilization after application**
- _____ **Failure to assess motor, sensory and circulatory function before taking manual traction.**
- _____ **Failure to assess motor, sensory and circulatory function after completing splint application**
- _____ **Failure to secure ischial strap before mechanical traction applied**
- _____ **Secured the support straps prior to application of mechanical traction**
- _____ **Final immobilization failed to stabilize injured extremity.**

If any of the above is checked it constitutes a failure of the station.

NOTE: If the leg is elevated, manual stabilization must be established before elevation is performed. The ankle hitch may be applied prior to elevating to assist with manual stabilization.

MEDICATION ADMINISTRATION

CANDIDATE NAME: _____

EVALUATOR NAME: _____

SIGNATURE: _____

TIME: _____ / **10:00**

DATE: _____

Pass/fail

DESIRED ACTION OR MANEUVER BY STUDENT	Possible Points	Points Awarded
Advised by evaluator the need for administration of a medication based on patient condition.(evaluator to describe patient description)		
Candidate states appropriate medication based on evaluator comments	1	
Verbalizes indications for use of appropriate medication	2	
Verbalizes side effects of appropriate medication	2	
Verbalizes contraindications of appropriate medication	2	
Candidate states (5) five rights (1 point each) Right medication Right patient Right route Right time Right dose	5	
Patient contacts Med Control or states standing order	1	
Candidate explains med administration to the evaluator	2	
Candidate places sharps in sharps box if appropriate (credit given if no sharps)	1	
Candidate verbalizes reassessment of the patient	1	
Candidate verbalizes expected outcome	1	
Verbalizes documentation of activity and time	1	
Candidate verbalizes procedure for administering additional doses.	1	
POSSIBLE POINTS/TOTAL POINTS	20	

Critical Criteria

- ___ **Failure to achieve 17 points**
- ___ **Did not take or verbalize BSI**
- ___ **Did not question scene safety**
- ___ **Did not verbalize contact with Med control or standing orders**
- ___ **Administers a drug in a dangerous manner**
- ___ **Exceeds time limit**

SPINAL IMMOBILIZATION-SHORT BOARD/DEVICE

CANDIDATE NAME: _

EVALUATOR NAME: _____

SIGNATURE: _____

TIME: _____ / **10:00**

DATE: _____

DESIRED ACTION OR MANEUVER BY STUDENT	POINTS	
Candidate directs assistant to place and maintain head in the neutral in-line position	1	
Candidate assesses Motor and Sensation and Circulatory functions in each extremity	1	
Candidate applies appropriately sized cervical immobilization collar	1	
Candidate positions the immobilization device behind the patient	1	
Candidate secures the device to the patient's torso and legs	1	
Candidate evaluates the torso and leg straps and pads as necessary	1	
Candidate evaluates and pads behind the patient's head to maintain in-line immobilization	1	
Candidate secures the patient's head to the device	1	
Candidate verbalizes moving the patient to a long board	1	
Candidate reassesses Motor and Sensation and Circulatory functions in each extremity	1	
POSSIBLE POINTS/TOTAL POINTS	10	

Critical Criteria:

- _____ **Failure to immediately direct, or take, manual immobilization of the head**
- _____ **Failure to apply proper sized cervical collar**
- _____ **Patient manipulated, or moved excessively, causing potential spinal compromise**
- _____ **After securing head to device, head not in neutral position and/or allows for excessive movement**
- _____ **Failure to assess motor sensation and circulatory function in each extremity prior to applying the device and after voicing immobilization to the Long board.**
- _____ **Securing the head to the device before securing the torso and legs**
- _____ **Applying torso straps so as to inhibit chest rise, resulting in respiratory compromise**
- _____ **Failure to achieve 8 out 10 points**

If any of the above is checked, it constitutes a failure of the station.

OXYGEN & AIRWAY MANAGEMENT

Candidate _____ Date _____

Examiner _____ Signature _____

This is an isolated airway/oxygen skill station. In this station you are responsible for oxygen therapy and airway management. This is NOT a patient assessment station.

Directions: Apply oxygen via a NRB to this patient.		
Opens the airway manually	1	
Crack oxygen cylinder	1	
Attach regulator (Must not leak when finished)	1*	
Connect NRB Mask to regulator	1	
Adjust flow to 12-15 LPM and prefill prior to applying to patient	1	
Apply NRM to patient with reservoir inflated	1	
Directions: Your patient now begins to gurgle.		
Attach suction catheter to suction device	1	
Positions catheter in airway correctly (Measures/visualizes tip of catheter)	1	
Applies suction (less than 15 seconds on the way out only)	1	
Directions: Your patient now has snoring respirations. You must demonstrate the jaw thrust maneuver and then insert an OP airway		
Demonstrate the jaw thrust maneuver on the manikin	1	
Insert OP airway by approved method (Inverted/rotate or with bite stick)	1*	
Directions: Your patient has now stopped breathing		
Ventilate with BVM using supplemental oxygen. (First two breaths may be w/o oxygen but rest must be with oxygen attached)	1	
Ventilate at 1 breath every 5 seconds for one full minute	1*	
Air does not leak around mask seal	1	
Reservoir is attached	1	
Comments: TOTAL	15	

8 minute time limit

12 points required to pass

Critical Criteria

Regulator incorrectly connected and leaks

Airway incorrectly sized or placed

Did not ventilate correctly (Too fast, too slow, inadequate inflation)